NO. 97216-8

SUPREME COURT OF THE STATE OF WASHINGTON

SEIU 775,

Petitioner,

v.

STATE OF WASHINGTON, WASHINGTON STATE DEPARTMENT OF SOCIAL AND HEALTH SERVICES,

Respondent.

BRIEF OF AMICUS CURIAE NORTHWEST JUSTICE PROJECT IN SUPPORT OF APPELLANT

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I. INTRODUCTION

The Legislature has declared that Washington's long-term care service options should be designed to enable people with disabilities and seniors to continue to live in their homes and communities. *See* RCW 74.39.005(4). This Court has ruled repeatedly that Respondent, Department of Social and Health Services (DSHS), must keep vulnerable Washingtonians from institutionalization by conducting individualized assessments of beneficiaries' abilities and needs rather than arbitrarily reducing the essential personal care services that keep them in their homes. *See Samantha A. v. Dep't of Soc. & Health Servs.*, 171 Wn.2d 623, 631–32, 256 P.3d 1138, 1142 (2011); *Jenkins v. Dep't of Soc. & Health Servs.*, 160 Wn.2d 287, 300, 157 P.3d 388, 393–94 (2007).

Yet DSHS continues to use a blunt instrument to determine care needs. The shared benefit and informal support rules continue to make assumptions about people's living situations without taking their real needs into account. Worse still, DSHS's rules punish people with the greatest need for care, putting them at risk of institutionalization; exploit Individual Providers (IP) merely because they live with and/or are related to their clients; and take advantage of these IPs' care, compassion, and relationships with their clients by deeming their clients' needs met by

virtue of those relationships. Once again, this Court should invalidate these rules.

II. INTEREST OF AMICUS CURIAE

Northwest Justice Project (NJP) is the largest statewide nonprofit law firm providing free civil legal aid to low-income people in Washington State. We serve hundreds of clients every year who receive or provide Medicaid personal care services, and we are actively involved in litigation addressing systemic issues that arise from DSHS's management of the program. Our interests are fully set out in our initial motion to participate as amicus curiae.

III. STATEMENT OF THE CASE; ISSUES PRESENTED FOR REVIEW

Amicus agrees with Appellant SEIU 775's (SEIU) Statement of the Case and Issues Presented for Review.

IV. ARGUMENT

SEIU succinctly recounts this Court's history with DSHS's troubling implementation of the shared living and children's assessment rules, arguing that the rules at issue in this case should be similarly invalidated based on SEIU's members' recently codified wage rights. Appellant Br. 1. For context, Amicus provides background information about the interplay of the Americans with Disabilities Act (ADA) and Medicaid requirements with the rules challenged here.

A. DSHS Must Provide Personal Care Services Necessary to Maintain Beneficiaries' Mental or Physical Health, and to Avoid Serious Risk of Institutionalization.

Medicaid is a "cooperative federal-state program" designed to provide medical assistance to families with dependent children and to aged, blind, or disabled individuals whose incomes and resources are insufficient to meet the costs of necessary medical expenses. *Anderson v. Ghaly*, 930 F.3d 1066, 1070 (9th Cir. 2019); WAC 182-500-0070. While state participation in Medicaid is voluntary, participating states must comply with a variety of federal requirements. *See Alaska Dep't of Health & Soc. Servs. v. Centers for Medicare & Medicaid Servs.*, 424 F.3d 931, 935 (9th Cir. 2005).[1] Participating states must submit a "plan for medical assistance"—a Medicaid State Plan describing the nature and scope of the state's Medicaid program—to the federal government for approval. *Id.* That Medicaid State Plan must provide services that are "sufficient in amount,

[1] When describing the shared benefit rule, DSHS cites the Medicaid definition of medical assistance and argues that "DSHS cannot pay an IP for tasks that primarily benefit the IP themselves." Resp't Br. 14. The definition reads in relevant part: "The term 'medical assistance' means payment of part or all of the cost of . . . care and services or the care and services themselves, or both . . . for individuals . . . who are—individuals who are eligible for home and community-based services . . . ." 42 U.S.C. § 1396d(a)(xvii). The statute is mute about whether Medicaid dollars can be used for medical assistance that benefits both the beneficiary and someone else. NJP has found no authority supporting DSHS's argument. Moreover, the CARE tool is not designed to make a determination that the shared benefit "primarily benefits an IP," only that an IP and a beneficiary *may* share in the benefit of a particular task.

duration, and scope to reasonably achieve its purpose." 42 C.F.R. § 440.230(b). The purpose of Medicaid is to:

> [E]nabl[e] . . . each State, as far as practicable under the conditions in such State, to furnish (1) medical assistance on behalf . . . of aged, blind, or disabled individuals, whose income and resources are insufficient to meet the costs of necessary medical services, and (2) rehabilitation and other services to help such . . . individuals attain or retain capability for *independence or self-care* . . . .

42 U.S.C. § 1396-1 (emphasis added).

Washington's Medicaid program provides for personal care services to beneficiaries, promoting independence and preventing institutionalization. *See* WAC 388-106-0010 (defining "personal care services" as assistance with activities of daily living (ADL[2]) and instrumental activities of daily living (IADL[3])). States can provide personal care services through their State Plans, or through Medicaid waivers. Medicaid waivers, when approved by the federal government, allow states to waive certain Medicaid requirements for innovative or experimental health care programs. 42 U.S.C. § 1396n; *Townsend v. Quasim*, 328 F.3d 511, 514 (9th Cir. 2003). Home and Community-Based Services waivers

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[2] ADLs involve bathing, bed mobility, dressing, eating, locomotion, medication management, toilet use, transfer, and personal hygiene. WAC 388-106-0010; *See* NJP Amicus Br. 3-4, Aug. 29, 2019.

[3] IADLs are activities around homes or communities (meal preparation, essential shopping, ordinary housework, traveling to medical services, managing finances, telephone use, and wood supply). WAC 388-106-0010; *See* NJP Amicus Br. 3-4, Aug. 29, 2019.

support the provision of personal care services in home and community-based settings to people who, but for the services, would require institutionalization in restrictive settings such as nursing facilities or hospitals. *See* 42 U.S.C. § 1396n(c)-(d); *see generally* WAC 182-513-1200 (describing the range of long-term care programs authorized without waivers), 182-515-1505, 182-515-1510 (Medicaid waiver programs).

The common thread among all these Home and Community-Based Medicaid programs is that DSHS uses the Comprehensive Assessment Reporting Evaluation (CARE) tool to assess functional ability and authorize personal care services. WAC 388-106-0050(1), 388-106-0070. In light of Medicaid's purpose, DSHS must assess and authorize personal care service hours necessary to maintain beneficiaries' mental or physical health, and to avoid a serious risk of institutionalization. *See* 42 U.S.C. § 1396n(c)-(d); *M.R. v. Dreyfus*, 663 F.3d 1100, 1115 (9th Cir. 2011), *opinion amended and superseded on denial of reh'g*, 697 F.3d 706 (9th Cir. 2012). This requirement—the integration mandate—is derived from a synthesis of federal Medicaid requirements and Title II of the ADA. *See* 42 U.S.C. § 12132; *Townsend*, 328 F.3d at 515–16; *V.L. v. Wagner*, 669 F. Supp. 2d 1106, 1118-19 (N.D. Cal. 2009); 42 C.F.R. § 440.230(b)-(c).

However, DSHS's implementation of its Medicaid personal care services program has repeatedly been found to put vulnerable beneficiaries

at serious risk of institutionalization. In *Townsend v. Quasim*, the Ninth Circuit Court of Appeals reviewed DSHS's Medicaid program, and found that its distinctions between Medicaid beneficiaries violated the integration mandate. Certain beneficiaries who qualified for care in skilled nursing facilities received personal care services in their homes and communities. Others were ineligible for services in their homes and communities and were forced into nursing facilities to receive the care they needed. *Townsend*, 328 F.3d at 517-18.

Applying the integration mandate against DSHS in a later case, the Ninth Circuit granted a preliminary injunction against DSHS when it applied across-the-board cuts to the number of personal care service hours it had previously authorized. *M.R.*, 663 F.3d at 1119. The Ninth Circuit stated that "[t]he critical issue is whether the services are necessary to maintain [beneficiaries'] mental or physical health, and to avoid serious risk of institutionalization." *Id.* at 1115.

B. The CARE Assessment Must Make an Individualized Determination of Each Beneficiary's Needs and Authorize the Number of Hours Reasonably Calculated to Avoid Serious Risk of Institutionalization.

In addition to complying with the integration mandate described above, DSHS must also design a program consistent with this Court's rulings. In *Jenkins*, this Court instructed DSHS to make an individual

determination of a beneficiary's need for personal care services. *Jenkins*, 160 Wn.2d at 300. In *Samantha A.*, the Court again reiterated that DSHS must "account for an individual recipient's actual needs." *Samantha A.*, 171 Wn.2d at 631–32. In both cases, DSHS was found to violate Medicaid's comparability requirement by treating some beneficiaries differently from other beneficiaries in the absence of an individualized determination of need. *See Samantha A.*, 171 Wn.2d at 632-33; *Jenkins*, 160 Wn.2d at 298.

DSHS must make an individualized determination of each beneficiary's needs, authorize the number of hours reasonably calculated to avoid a serious risk of institutionalization, and treat similarly situated Medicaid beneficiaries with the same level of need equally.

DSHS attempts to comply with the various obligations that both federal and state courts have placed on it by using the CARE tool. *See* WAC 388-106-0050 to 0057; Resp't Br. 10–14. DSHS defines CARE as an assessment designed "to inventory and evaluate" a beneficiary's ability to care for . . ." herself. WAC 388-106-0050(1). DSHS's regulations say that the purpose of the assessment is, in relevant part:

> to . . .
> (2) Identify . . . strengths, limitations, goals, and preferences;
> . . .
> (4) Evaluate . . . physical health, functional and cognitive abilities;
> (5) Determine the availability of informal supports, shared benefits, and other non-[DSHS] . . . paid resources; . . .

> (8) Determine [the] . . . classification group that will set . . . number of hours of . . . care; . . . and
> (10) Develop a plan of care.

WAC 388-106-0055.

In this litigation, however, DSHS admits that the CARE tool and the personal care services program are:

> not designed to meet all of a client's needs for assistance with identified tasks; instead they are designed to determine the best way to distribute a finite amount of resources . . . .

Resp't Br. 1. While DSHS may use "reasonable standards" to determine the amount of medical assistance it provides, these standards must be consistent with Medicaid's overall goals and the integration mandate. *V.L.*, 669 F. Supp. 2d at 1117-20. DSHS has the ultimate responsibility for complying with the integration mandate and cannot rely on family members to meet a Medicaid beneficiary's unmet needs. *See id.* at 1120. Hence, DSHS's shared benefit and informal support rules do not adequately address the deficiencies identified in *M.R.*, 663 F.3d at 1115; *Townsend*, 328 F.3d at 515–16; *Samantha A.*, 171 Wn.2d at 631–32; and *Jenkins*, 160 Wn.2d at 300.

In particular, rather than assessing and paying for the specific number of personal care service hours necessary to meet a beneficiary's needs and DSHS's state and federal obligations, DSHS assesses a beneficiary using the CARE tool and then uses the challenged rules to

arbitrarily cut paid hours through a formula driven by quartile-based metrics that, in many cases, do not reflect specific, individualized needs. DSHS thereafter relies on live-in or related IPs to meet a beneficiary's unmet needs.

1. The Shared Benefit and Informal Support Rules Do Not Fix the Deficiencies This Court Identified in *Jenkins* and *Samantha A.*

Before DSHS can reduce a beneficiary's assessed caregiver hours through informal support and shared benefit, there must be a showing that fewer hours are required. *Jenkins*, 160 Wn.2d at 300. DSHS admits that the hours it authorizes may not meet all of a client's assessed needs. Resp't Br. 1, 5. Medicaid beneficiaries are left to determine on their own how to meet their unmet needs.

The shared benefit and informal support calculations are driven by quartile-based metrics rather than the specific number of times a required care tasks must be completed, or the time it takes to complete the task. WAC 388-106-0080 to 0145; Resp't Br. 6. For example, a beneficiary who is incontinent day and night needs his IP to do more laundry. A beneficiary who smears feces on the bathroom walls requires more housework. These tasks fall under the housework IADL, which is affected by the informal support and shared benefit rules.

As noted by DSHS, a beneficiary in the C-Medium[4] classification who receives "voluntary" assistance with meal preparation for seven out of twenty-one meals per week would suffer a reduction of five caregiver hours per month. Resp't Br. 9-10. What DSHS does not say is that a beneficiary who receives "voluntary" assistance with meal preparation from five to eleven out of twenty-one meals per week would receive the same reduction in hours because all beneficiaries fall within the ¼ to ½ quartile. WAC 388-106-0130; Resp't Br. 9-10 (hours decrease cited by State assumes the assistance provided would be treated as falling within the second lowest quartile). DSHS's quartile-based measures preclude an individualized determination of informal support and shared benefit as required by this Court's decisions in *Jenkins* and *Samantha A. See Samantha A.*, 171 Wn.2d at 631–32; *Jenkins*, 160 Wn.2d at 300.

2. The Challenged Rules Demonstrate That DSHS Takes Advantage of IPs Based on Their Relationships to Their Clients.

The more "voluntary" assistance provided by an in-home or related IP, the higher the reduction of caregiver paid hours, necessitating more "voluntary" assistance by the IP. For IPs, this epitomizes the expression "no

[4] Based upon several factors (ADL score, cognitive performance, clinical complexity, moods and behaviors, and exceptional care), beneficiaries are placed in classifications ranging from A (low) to E (high) to determine base hours per month. WAC 388-106-0125; NJP Amicus Br. 4-5, Aug. 29, 2019.

good deed goes unpunished." The rules work substantial hardship on beneficiaries, who risk institutionalization if their paid caregiver hours are so reduced that they cannot remain safely in their own homes because their IPs, like those in *Jenkins*, may not be able (or willing) to absorb the financial hit imposed by their "voluntary" assistance.[5]

DSHS minimizes the hardship imposed by the challenged rules when it says "[t]he client simply has fewer hours per month to assign to their providers." Resp't Br. 29. But, as the examples below show, the formula used to calculate the shared benefit and informal support reductions have a disproportionate impact on beneficiaries with higher needs, i.e., the needier the client, the harsher the effect of the rules. DSHS did not explain this effect in its brief, and in this omission, did not offer a justification for

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[5] This Court, in *Jenkins*, recognized that the hours "required to provide for the needs of the individual plaintiffs greatly exceeded the hours actually reimbursed" *before* the reduction imposed by the Shared Living rule. 160 Wn.2d at 299-300. The Court wrote this about one of the plaintiffs, Venetta Gasper:

> Like Jenkins, Gasper's condition requires that she have a caregiver. Gasper is a 66-year-old severely developmentally disabled woman who has been evaluated by DSHS as "totally dependent" for meal preparation and housework. According to the assessment, Gasper requires 184 hours of care per month. After the shared living rule was applied, her hours were reduced initially to 116 and later changed to 152 hours per month. Gasper lives with Linda Green, an unrelated paid caregiver. Green estimates she spends more than 184 hours per month caring for Gasper, and after the reduction to 152 hours, Green said she is unwilling to provide additional unpaid care.

Id. at 293.

the escalating harm associated with the challenged rules. In both scenarios below, the shared benefit adjustment is based on one IADL (ordinary housework) being met more than three-quarters of the time.

- Rita is the paid caregiver for Joe, who moves into her house. Joe's assessment results in an A-Medium[6] classification, authorizing 47 base hours.[7] He needs some assistance with a range of ADLs and IADLs. Because Rita lives with Joe, the shared benefit rule reduces her pay by three hours per month. WAC 388-106-0130. *See infra* NJP Amicus Br. App. A A-1–A-3.

- Allen is the live-in paid caregiver for Theresa, who is assessed to be in the E-High[8] classification and authorized 393 base hours a month for ADLs and IADLs. She is incontinent, requiring extra laundry, which Allen does separately from his own. Her behaviors include smearing food on kitchen walls and furniture during each meal. Allen serves and cleans up after her meals separately from his own. As a result of the shared benefit rule, Allen's pay is reduced by 19 hours per month. WAC 388-106-0130. *See infra* NJP Amicus Br. App. A A-1–A-3.

The shared benefits reduction of paid hours imposed on Theresa is six times that imposed on Joe, even though Theresa requires a lot more housework than Joe. DSHS does not explain why the rule's impact on Theresa is six times the impact on Joe although her needs are greater.

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[6] The A-Medium classification requires an ADL score of 5 to 9. The beneficiary does not meet the criteria for clinical complexity or mood and behaviors, and has a cognitive score of less than 5. WAC 388-106-0125; NJP Amicus Br. 4-5, Aug. 29, 2019.

[7] Base hours for each classification are specified in WAC 388-106-0125.

[8] There are two ways to be eligible for an exceptional care classification. Both require an ADL score of more than 22, as well as other complex care criteria. WAC 388-106-0110. E-High is defined in WAC 388-106-0125. NJP Amicus Br. 4-5, Aug. 29, 2019.

C. The Informal Support and Shared Benefit Rules Force IPs Into Providing Care Beyond the Authorized Hours or Risking Adult Protective Services (APS) Involvement.

Informal support and shared benefit reductions mean IPs are expected to meet a beneficiary's needs irrespective of how often or how much time it actually takes to do the necessary work to meet those needs. IPs face another risk in caring for their clients—one which is heightened by the challenged rules.

APS investigates allegations of abandonment, abuse, financial exploitation, neglect, and self-neglect. WAC 388-71-0110. IPs have a duty of care to beneficiaries because IPs provide basic necessities of life. WAC 388-71-0105(3). Any APS investigation with a final finding of abuse, abandonment, neglect, or financial exploitation results in the IP's name being placed on the Abuse Registry. WAC 388-71-01280. Such a finding shows up on a background check and permanently bars the IP from ever working as an IP again, as well as in any other profession where the IP could have unsupervised access to vulnerable adults. *See* RCW 74.39A.056(2).

If a beneficiary needs an IP to clean the house, the IP's failure to do so could result in an APS investigation and finding of neglect—a risk that exacerbates the unfairness of the challenged rules.

V. CONCLUSION

Washington's Medicaid program must provide services that are sufficient in amount, duration, and scope to promote independence and prevent institutionalization of Medicaid beneficiaries. DSHS admits that the personal care services program was not designed to meet all of a beneficiary's needs, but is rather a way to distribute resources. Under this scheme, Medicaid beneficiaries start with unmet need. This means that beneficiaries who cannot perform some or all of their IADLs either go without care that DSHS knows they need, or receive unpaid care to address their needs. If the beneficiary lives with or is related to the IP, paid hours are reduced.

This Court has previously ordered DSHS to make an individualized determination of a beneficiary's need for personal care and account for actual need. The actual number of times a task is performed, and the time it takes to complete the task, are not considered when calculating the informal support and shared benefit reductions. As a result, beneficiaries with the most need lose the most hours.

The brunt of these reductions is borne by live-in and relative IPs and the beneficiaries they take care of. The challenged rules take advantage of these IPs by counting on their unwillingness to leave a family member or loved one without a meal, clean clothes, or a decent environment. These IPs

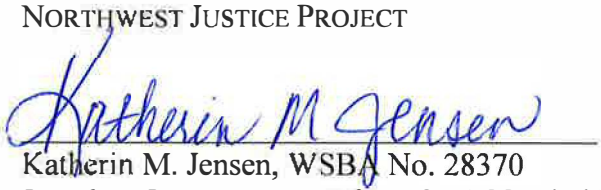
are expected to meet the beneficiaries' unmet (and unfunded) needs when failure to do so could result in an APS investigation and finding of neglect.

The informal support and shared benefit rules should be invalidated.

RESPECTFULLY SUBMITTED on this 30 Day of January, 2020

By:

NORTHWEST JUSTICE PROJECT



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CERTIFICATE OF SERVICE

I certify that on this date, I caused to be served by filing with the Court's electronic filing portal the foregoing Brief of Amicus Curiae Northwest Justice Project in Support of Petitioner's Request for Direct Review to:

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Appendix A

Informal Support/Shared Benefit Calculations

This appendix explains how the informal support and shared benefit rules are applied. Both rules use the same formula.

First, DSHS conducts the CARE assessment to determine the classification and base number of caregiver hours. WAC 388-106-0125. There are 17 classifications, ranging from A-low to E-High. Each classification has designated base hours of care, ranging from 22 monthly base hours (A Low) to 393 monthly base hours (E High). *Id.*

During the CARE assessment, a DSHS assessor decides whether or not the beneficiary has unpaid supports to provide assistance needed with Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs). There are three possible outcomes:

- If there are no unpaid supports, the task is marked "unmet."
- If there are unpaid supports that fully meet the need for a task, it is marked "met."
- If neither of these apply, then quartile reductions are used to determine the amount of unpaid support available to the client:
    - Less than ¼ of the time,
    - ¼ to ½ of the time,
    - ½ to ¾ of the time, or
    - More than ¾ of the time.

WAC 388-106-0130(2). A copy of WAC 388-106-0130 is included with this Appendix.

Per the table set out in WAC 388-106-0130(2), all qualifying ADLs and IADLs identified as "unmet" receive a value percentage of "1." Partially met ADLs and IADLs receive a value percentage based on the quartile calculation, e.g., partially met more than ¾ of the time has a numeric value of .05. If the ADL or IADL is "met," the value percent is zero. ADLs and IADLs shown as "independent" equate with no assistance needed with that task. WAC 388-106-0130. The amount of informal support or shared benefit is then calculated using the formula set out in text form in WAC 388-106-0130(2)(b).

Explanation of Examples

Joe's Services are Reduced by 3 Hours

Joe (NJP Amicus Br. 12) is placed in the A-Medium classification for 47 monthly base hours. Joe requires caregiver assistance with ADLs and IADLs as discussed in the table below in bold lettering. The qualifying ADLs and IADLs are all unmet except housework, which is partially met more than ¾ of the time and has a numerical value of .05.

Adjustment for met, unmet, partially met			
Column 1 ADL/IADL	**Column 2 Status**	**Column 3 Assistance Available**	**Column 4 Numerical Value**
Medication management	**Unmet**	**NA**	**1**
Walk In Room	Independent	NA	0

Bed Mobility	Independent	NA	0
Transfer	**Unmet**	**NA**	**1**
Toilet Use	**Unmet**	**NA**	**1**
Eating	Independent	NA	0
Meal Preparation	**Unmet**	**NA**	**1**
Bathing	**Unmet**	**NA**	**1**
Dressing	**Unmet**	**NA**	**1**
Personal Hygiene	Independent	NA	0
Travel to Medical	**Unmet**	**NA**	**1**
Shopping	**Unmet**	**NA**	**1**
Housework	**Partially met**	**> ¾ of the time**	**.05**
# of qualifying I/ADLs*:	**10**	**SUM value %s:**	**9.05**

Using the table from WAC 388-106-0130(2)(a) and the formula from 0130(2)(b), the reduction imposed by the shared benefit rule is as follows:

Divide the value percent sum (column 4) by the total number of qualifying ADLs & IADLs (column 2) to determine Value A	Value A: 9.05/10 = .905
Subtract Value A from 1 for Value B	Value B: 1-.905 = .095
Divide Value B by 3 for Value C	Value C: .095/3 = .0317
Add Value A and Value C to determine Value D	Value D: .905 + .0317 = .9367
Multiply Value D by the base hours assigned to your classification group and round to the nearest hour.	.9367 x 47 = 44.02 or 44 Reduction: 3 hours per month

Because of the shared benefit reduction, Joes' services are reduced by 3 hours, from 47 to 44 hours.

Theresa's Services are Reduced by 19 Hours

Applying the same rule to Theresa (NJP Amicus Br. 12), the following are her results:

Theresa is in the E-High classification with 393 base hours per month of care. As with Joe, all of her ADLs and IADLs are "unmet" except for housework, which is partially met more than ¾ of the time and has a numeric value of .05. Because Theresa requires a higher level of care, all 13 possible ADLs and IADLs are categorized as qualifying.

Adjustment for met, unmet, partially met			
Column 1 ADL/IADL	**Column 2 Status**	**Column 3 Assistance Available**	**Column 4 Numeric Value**
Medication management	Unmet	NA	1
Walk In Room	Unmet	NA	1

Bed Mobility	Unmet	NA	1
Transfer	Unmet	NA	1
Toilet Use	Unmet	NA	1
Eating	Unmet	NA	1
Meal Preparation	Unmet	NA	1
Bathing	Unmet	NA	1
Dressing	Unmet	NA	1
Personal Hygiene	Unmet	NA	1
Travel to medical	Unmet	NA	1
Shopping	Unmet	NA	1
Housework	Partially met	> ¾ of the time	.05
# of qualifying I/ADLs*:	**13**	**SUM value %s:**	**12.05**

Using the table from WAC 388-106-0130(2)(a) and the formula from WAC 388-106-0130(2)(b), the reduction imposed by the shared benefit rule is as follows:

Divide the value percentage sum (column 4) by the total number of qualifying ADLs and IADLs (column 2) to determine Value A.	Value A: 12.05/13 = .927
Subtract Value A from 1 for Value B	Value B: 1-.927 = .073
Divide Value B by 3 for Value C	Value C: .073/3 = .024
Add Value A and Value C for Value D	Value D: .927 + .024 = .951
Multiply Value D by the base hours assigned to your classification group and round to the nearest hour.	.951 x 393 = 374 Reduction: 19 hours/month

Theresa's shared benefit reduction is 19 hours per month, reducing her hours from 393 to 374.

NORTHWEST JUSTICE PROJECT

January 31, 2020 - 10:01 AM

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